



NATIONAL SECURITY AGENCY
FORT GEORGE G. MEADE, MARYLAND 20755-6000

FOIA Case: 75920A
22 July 2019

JASON LEOPOLD

Dear Mr. Leopold:

This is our final response to your Freedom of Information Act (FOIA) request dated 7 December 2013 for "A copy of the National Security Agency's Flu Pandemic Plan." A copy of your request is enclosed. As stated in our 2nd letter, dated 26 December 2013, material responsive to your request was also determined to be responsive to a similar FOIA request (case number 75341), and your request was placed in the first-in, first-out processing queue along with that request for concurrent processing. Your request has been processed under the FOIA, and the documents you requested are enclosed. Certain information, however, has been deleted from the enclosures.

This Agency is authorized by statute to protect certain information concerning its activities. We have determined that such information exists in these documents. Accordingly, those portions are exempt from disclosure pursuant to the third exemption of the FOIA, which provides for the withholding of information specifically protected from disclosure by statute. The specific statute applicable in this case is Section 6, Public Law 86-36 (50 U.S. Code 3605).

Since these deletions may be construed as a partial denial of your request, you are hereby advised of this Agency's appeal procedures. You may appeal this decision. If you decide to appeal, you should do so in the manner outlined below. NSA will endeavor to respond within 20 working days of receiving any appeal, absent any unusual circumstances.

- The appeal must be sent via U.S. postal mail, fax, or electronic delivery (e-mail) and addressed to:

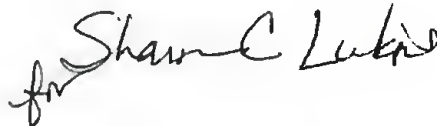
NSA/CSS NSA FOIA/PA Appeal Authority (P132)
National Security Agency
9800 Savage Road STE 6932
Ft. George G. Meade, MD 20755-6932

- The facsimile number is 443-479-3612.
The appropriate email address to submit an appeal is FOIARSC@nsa.gov.
- It must be postmarked or delivered electronically no later than 90 calendar days from the date of this letter. Decisions appealed after 90 days will not be addressed.
- Please include the case number provided above.
- Please describe with sufficient detail why you believe the denial of requested information was unwarranted.

You may also contact our FOIA Public Liaison at foialo@nsa.gov for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows:

Office of Government Information Services
National Archives and Records Administration
8601 Adelphi Rd. - OGIS
College Park, MD 20740
ogis@nara.gov
877-684-6448
(Fax) 202-741-5769

Sincerely,

A handwritten signature in black ink, appearing to read "John R. Chapman", with a stylized "for" written to the left of the main signature.

JOHN R. CHAPMAN
Chief, FOIA/PA Office
NSA Initial Denial Authority

Encls:
a/s



NATIONAL SECURITY AGENCY
CENTRAL SECURITY SERVICE

NSA/CSS POLICY MANUAL 4-19
HEALTH AND SAFETY
OF THE NSA/CSS WORKFORCE



Issue Date: 21 August 2009
Revised:

(U) CHAPTER 1
(U) EXPOSURE OF NSA/CSS PERSONNEL TO COMMUNICABLE DISEASE
DURING A DECLARED PUBLIC HEALTH EMERGENCY

(U) PURPOSE AND SCOPE

(U) This chapter establishes NSA/CSS standards, responsibilities, and procedures to ensure the health and safety of NSA/CSS affiliates and contractors who have been exposed to or are in danger of being exposed to a communicable disease in the event of a declared public health emergency. During such an emergency DIRNSA/CHCSS may exercise emergency health powers to protect NSA/CSS installations, facilities, and personnel worldwide. In the Extended Enterprise, the Extended Enterprise Leaders have this authority (References 1-4).

(U) The procedures in this chapter are designed to control infection within the NSA/CSS workplace and to limit the importation and transmission of any highly communicable disease within the Agency workforce, thereby maintaining operational readiness and minimizing lost duty time.

(U) This chapter applies to all affiliates and contractors at NSA/CSS facilities throughout the Enterprise. The Extended Enterprise shall implement locally appropriate protocols that reflect the requirements of this chapter.

(U) In all cases involving contractors, the Contracting Group or the Contracting Officer Representative shall be notified and will interface with the contracting companies. Appropriate clauses will be included in procurement contracts regarding an outbreak of a communicable disease so contracting companies know how NSA/CSS expects to respond in such cases.

KEITH B. ALEXANDER
Lieutenant General, USA
Director, NSA/Chief, CSS

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Endorsed by
Associate Director for Policy

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(U) OPI: Occupational Health, Environmental and Safety Services, 963-5857.

(U) The compilation of the information contained in this document is
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I. (U) Introduction

(U) In order to protect the health of the NSA/CSS workforce and mission during a public health emergency, DIRNSA/CHCSS may impose restrictions on travel, deny access to facilities, require individual screening for symptoms of a communicable disease before entering facilities, and relocate and/or recall affiliates without regard to emergency tier designation. Actions shall include education of the workforce and medical personnel and may include broad-based health screenings, carefully focused individual evaluations, follow-up of high-risk groups, and selective social distancing, quarantine, isolation, prophylactic medications and/or vaccinations, as necessary. Public health officials will determine the need for a vaccination program and develop priorities if a nationwide, state, or local vaccination program is initiated in response to a specific epidemic/pandemic.

(U) NSAW and the Extended Enterprise shall modify the Continuity of Operations (COOP) Plans and/or Emergency Action Plans (EAPs) to include procedures that reflect the requirements of this chapter. Because COOP and EAPs are dependent on healthy individuals staffing critical functions, Emergency Tier and COOP Responder designations may not be the deciding factor for recalling personnel in the case of a public health emergency. As a condition of employment, any employee may be recalled to any job for which he or she is qualified at any location to staff critical mission functions.

II. (U) Protecting Affiliates and Contractors

A. (U) Preventive Measures

1. (U) The best overall protection will be social distancing, proper hand hygiene, and separation of employees who are well from those who are sick. Additional guidance is provided on the Occupational Health Environmental and Safety Services (OHESS) Infection Prevention web page.
2. (U) To protect themselves, their families, their coworkers, and the mission, affiliates and contractors shall follow specific Agency guidance regarding reporting to work. Such guidance will be issued by OHESS based on specific circumstances and recommendations

from local, state, or federal health authorities, the Centers for Disease Control (CDC), or the World Health Organization (WHO).

B. (U) Modified Access Procedures

1. (U//~~FOUO~~) During a declared public health emergency, affiliates, contractors, and visitors (e.g., applicants for employment, delivery personnel, etc.) may be screened at designated locations for symptoms of disease before they are permitted to enter Agency spaces. They may be released early, turned away at the gate, or notified that the Agency is closed via the NSA/CSS Operating Status phone line [redacted] the NSA/CSS Campus Advisory Radio Station [redacted] or other methods.
2. (U) If necessary, screening facilities will be established at designated locations separate from the rest of the workforce to screen affiliates and contractors before they enter the buildings. These screening facilities will have special airflow and filtration capabilities to protect medical staff, affiliates, and contractors.
3. (U) Affiliates, contractors, and visitors who refuse to be screened or do not pass the screening process will be denied access to NSA/CSS facilities (References 1 and 3).

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C. (U) Isolation or Quarantine

1. (U) Upon declaration of a public health emergency, DIRNSA/CHCSS will take appropriate action for NSA/CSS based on advice from OHES. This could include quarantine of the entire Agency or a specific NSA/CSS location, campus, affiliate, or contractor who may have been exposed to the communicable disease, even if the individual does not exhibit symptoms. In the Extended Enterprise, the Extended Enterprise Leaders (EEL) will take appropriate action.
2. (U) [redacted] shall ensure that contractors are notified when access to Agency facilities is denied (Reference 5) and will interface with contracting companies when contractors are isolated or quarantined.

3. (U) In order to return to work at NSAW facilities following isolation or quarantine, affiliates shall be cleared by the NSA/CSS Medical Center, and will be given documentation to present to their supervisor. If it exists, a note from a private health care provider regarding the length and reason for the isolation/quarantine and a statement that the affiliate is cleared to return to work should be provided. In order for contractors to return to work at NSA/CSS facilities following isolation or quarantine, contractors shall be screened by a private sector medical facility and provide documentation to the Medical Center.
4. (U) Note that documentation from a private health care provider may not be practical or desirable in all cases. Under specific guidance from public health authorities during a public health emergency, the Public Health Emergency Officer (PHEO) may waive the requirement for a statement from the private health care provider if the affiliate or contractor has completed the isolation period, has no symptoms, and is feeling well.

D. (U) Monitoring Affiliate and Contractor Health

1. (U) As indicated by the evolution of the public health emergency, individuals may be requested to monitor the apparent health status of the workforce.
2. (U) If an affiliate reports to work and the supervisor is unsure of the individual's ability to perform because of a possible illness, the supervisor shall contact the Medical Center for guidance. If the Medical Center recommends that the affiliate leave NSA/CSS spaces and the affiliate refuses to leave, the procedures for Involuntary Sick Leave may be invoked (Reference 6).
3. (U) If a contractor reports to work and individuals in the area are unsure of the contractor's ability to perform his/her duty because of a possible illness, individuals shall notify the Contracting Office Representative (COR), who will contact the contractor's company. Agency personnel shall also contact the Medical Center to consult with them about the potential exposure of the office.

4. (U) Note that the use of the Medical Center by contractors is limited to emergency services or review of a private sector health screening following an absence related to a communicable disease.
5. (U) Supervisors in the Extended Enterprise shall follow the site's established procedures to contact the local medical facility for consultation and evaluation. Sites shall ensure that the action is coordinated with the site's Human Resources office prior to ordering a fitness for duty examination.

E. (U) Disciplinary Action

1. (U) Appropriate administrative or disciplinary action (Reference 7) will be taken if affiliates:
 - a. (U) Disregard access restrictions imposed by DIRNSA/CHCSS;
 - b. (U) Knowingly come to work while sick or potentially contagious with a communicable disease; or
 - c. (U) Develop symptoms of a communicable disease while in the workplace and refuse to leave.
2. (U) Likewise, administrative or disciplinary action may be taken if an affiliate is recalled to support a critical function and fails to report if not sick or potentially contagious (Reference 7).
3. (U) If public health authorities order movement restriction, quarantine, or isolation to prevent the spread of a communicable disease, affiliates who violate those orders may also be subject to criminal charges.
4. (U) Civilian affiliates who disregard instructions will be referred to Employee Relations.
5. (U) Military members who disregard instructions will be referred to their military command.

6. (U) Contractors who disregard instructions will be referred to the COR and appropriate action may be taken through the employee's company.

III. (U) Travel Requirements and Restrictions

A. (U) Mission-Essential TDY Travel

1. (U) Prior to mission-essential TDY travel to a Health Alert/Travel Advisory area, affiliates shall consult OHESST Travel Medicine. Special infection control precautions and education will be provided.
2. (U) Affiliates shall sign a Traveler and Supervisor Statement of Understanding acknowledging that the traveler has been counseled and accepts a work restriction upon return as a condition for travel, if required.
3. (U) Upon return from a mission-essential TDY to an affected area(s), affiliates and contractors shall honor the work restriction, if required, and monitor their health to ensure that they have not contracted a communicable disease. Prior to returning to the work place following the work restriction, affiliates must phone the Medical Center for screening and further instructions.
4. (U) In order to return to the workplace after mission-essential travel to a Health Alert/Travel Advisory area when there is no work restriction, affiliates must phone the Medical Center for screening and further instructions.
5. (U) Supervisors may authorize unclassified telework for affiliates who are covered by a telework agreement (Reference 8).
6. (U) Alternatively, the Associate Director for Human Resources (ADHR) or designee may authorize Administrative Leave or order an evacuation and authorize evacuation payments, as appropriate, for affiliates for the duration of the restriction period or until the employee is well, whichever is longer, following mission-essential TDY.
7. (U) Contractors should notify their COR and their company's management before traveling to a Health Alert/Travel Advisory area.

Contractors are bound by the same work restriction period as affiliates and may be denied access to a government facility until that period is completed.

8. (U) In order to return to NSA/CSS spaces after mission-essential travel to a Health Alert/Travel Advisory area, contractors must provide the Medical Center with documentation from a private health care provider stating that the contractor is cleared to return to work.
9. (U) Contractors should seek guidance from their company regarding alternate work options.

B. (U) Non-Mission-Essential Official Travel

(U) All non-essential TDYs to and from Health Alert/Travel Advisory areas shall be prohibited.

C. (U) Unofficial Travel—Foreign or U.S. Locations

1. (U) Unofficial Foreign Travel (UFT) or U.S. travel to Health Alert/Travel Advisory areas is strongly discouraged by OHESS for all affiliates and contractors.
2. (~~U//FOUO~~) Supervisors of affiliates shall contact OHESS for current information before approving leave for unofficial travel to a Health Alert/Travel Advisory area and consider potential ramifications should the affiliate be isolated or quarantined upon their return.
3. (U) Affiliates shall sign the appropriate Traveler or Supervisor Statement of Understanding acknowledging that the traveler has been counseled and accepts a work restriction upon return as a condition for travel, if required.
4. (U) Upon return from unofficial travel to an affected area(s), affiliates and contractors shall honor the work restriction, if required, and monitor their health to ensure that they have not contracted a communicable disease. Prior to returning to the work place following the restriction, affiliates must phone the Medical Center for screening and further instructions.

5. (U) In order to return to the workplace after unofficial travel to a Health Alert/Travel Advisory area when there is no work restriction, affiliates must phone the Medical Center for screening and further instructions.
6. (U) Supervisors may authorize unclassified telework for affiliates who are covered by a telework agreement (Reference 8).
7. (U) Affiliates who are ill must take personal leave (Sick Leave, Annual Leave, Credit Hours, etc.) or Leave Without Pay (LWOP).
8. (U) Affiliates who are well must use personal leave (Annual leave, Credit Hours, etc.) or LWOP for the work restriction period (not to exceed 14 workdays). ADHR or designee may authorize Admin Leave for work restriction periods that last longer or, in the case of a pandemic health crisis, may order an evacuation and authorize evacuation payments, as appropriate.
9. (U) Contractors should notify their COR and their company's management before traveling to a Health Alert/Travel Advisory area. Contractors are bound by the same work restriction period as affiliates and may be denied access to a government facility until that period is completed.
10. (U) In order to return to NSA/CSS spaces after unofficial travel to a Health Alert/Travel Advisory area, contractors must provide the Medical Center with documentation from a private health care provider stating that the contractor is cleared to return to work.
11. (U) Contractors should seek guidance from their company regarding alternate work options.

D. (U) Permanent Change of Station (PCS)

(U) PCS assignments to and from Health Alert/Travel Advisory areas shall be delayed until the risk of contracting a communicable disease is lowered.

IV. (U) Administrative Options and Guidelines

A. (U) Personal Leave

(U) Affiliates who are ill and/or unable to work will be expected to take personal leave (e.g., Sick Leave, Annual Leave, Credit Hours) or LWOP.

B. (U) Alternate Work Schedules

1. (U) In order to ensure social distancing and provide operational coverage, affiliates may be asked to work non-traditional hours (e.g., evenings, weekends, or federal holidays), use flexible and compressed work schedules, work from an approved alternate worksite, or perform alternate duties for which they are qualified.

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2. (U) [] will handle all requests for contract changes to accommodate alternate staffing options.

C. (U) Evacuation Payments and Benefits for Civilian Affiliates

1. (U) The Agency may order an evacuation and authorize evacuation payments to civilian affiliates during a pandemic health crisis. To receive evacuation payments, the civilian affiliate must be willing to perform any job within his/her ability assigned by the supervisor. The Agency may designate the civilian affiliate's residence (or an alternative location mutually agreeable to the Agency and the affiliate) as a -safe haven (Reference 9). A Telework Agreement is not required.
2. (U) Evacuation payments will be made in place of the civilian affiliate's regular pay and will be paid on the regular pay day.
3. (U) Additional special allowances may be granted to civilian affiliates who have been evacuated to offset the direct added expenses incident to their evacuation (e.g., long-distance telephone calls, cost of office supplies, etc.).
4. (U) Civilian benefits, such as accrual of Sick and Annual Leave, will remain unchanged during a pandemic health crisis.

D. (U) Telework During a Public Health Emergency

1. (U) Supervisors may authorize unclassified telework for affiliates who are covered by a telework agreement (Reference 8). The Agency may direct a teleworking affiliate to continue to work from his or her approved alternative worksite during the emergency to accomplish social distancing. Affiliates with telework agreements may also be allowed to telework part-time at home while recovering from the illness or during periods when they are caring for a sick family member.
2. (U) Teleworkers shall perform all duties as assigned within the parameters established for emergency telework (Reference 8), even if the duties are outside their usual or customary duties.
3. (U) (b)(3)-P.L. 86-36 will handle all requests for telework with respect to contractors on a case-by-case basis.

V. (U) Responsibilities

A. (U) Director, National Security Agency/Chief, Central Security Service (DIRNSA/CHCSS) shall:

1. (U) Have oversight for implementation of this chapter;
2. (U) Upon the recommendation of the Chief, OHES, designate a senior health professional military officer or a qualified civilian affiliate to serve as the Agency's Public Health Emergency Officer (PHEO);
3. (U) During a declared public health emergency, in consultation with the PHEO and in cooperation with public health officials, exercise emergency health powers necessary to prevent the spread of communicable diseases or secure the mission (Reference 1). This may include restriction of movement (within, into, or out of NSA/CSS facilities), quarantine, and/or isolation to prevent the spread of disease; and
4. (U) Authorize special allowance payments during an evacuation in accordance with Reference 9, if deemed necessary.

B. (U) Associate Directorate for Human Resources (ADHR) or designee shall:

1. (U) Provide HR resources to support the Agency during a public health emergency, focusing on epidemic/pandemic -related operations and Agency mission-essential functions (MEFs) and essential tasks (ETs);
2. (U) Order evacuations of civilian affiliates and authorize evacuation payments in accordance with Reference 9;
3. (U) Authorize emergency telework agreements, as necessary;
4. (U) If personnel shortages arise during an epidemic or pandemic, adjudicate conflicts between Agency organizations that may arise during the attempted recall of affiliates to organizations other than their current assigned organization. Decisions will be made based on the affiliate's skill set and the Agency's greatest need at the time of recall;
5. (U) Keep abreast of CDC and federal government planning;
6. (U) Educate the workforce on the policies and benefits related to a pandemic event;
7. (U) Prepare reports on Agency deaths from the communicable disease, as required; and
8. (U) Collect, analyze, and report workforce statistics along with historical comparison data for the previous year during the same time period.

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.C. (U) Chief, Occupational Health, Environmental & Safety Services (OHES) or designee shall:

1. (U) Implement this chapter;
2. (U) Ensure that Agency leaders (including the National Security Operations Center [NSOC] and the Security Operations Command Center [SOCC]) are kept informed at all times during a public health emergency;

3. (U) Recommend to the DIRNSA/CHCSS a properly qualified individual to serve as the Agency's PHEO;
4. (U) Coordinate with the Office of Physical Security and Antiterrorism/Force Protection ☐ to ensure that offsite personnel screening areas do not pose a security risk or interfere with traffic patterns and ensure that unscreened individuals and potentially infected individuals do not enter the workplace;
5. (U) Coordinate with Logistics Installations and Facilities Services ☐ to ensure that any necessary screening facility has access to water and electricity, as well as housekeeping support and supplies; and
6. (U) Collaborate with Strategic Communications and Mission Assurance to maintain ongoing communications with the workforce throughout the public health emergency, both at the worksite and externally.

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D. (U) Public Health Emergency Officer (PHEO) shall:

1. (U) Track all federal, state, and local reporting on the progress of the communicable disease threat and treatment modalities;
2. (U) Provide ongoing risk assessment of the immediate threat to the health of NSA/CSS affiliates and contractors to the ADHR, the Director of NSOC, the Associate Director for Security and Counterintelligence (ADS&CI), and the Chief, OHESS ☐.
3. (U) Develop an action plan with input from local, state, and/or federal public health authorities and coordinate with them to manage the Agency's response;
4. (U) Coordinate with and serve as a conduit of information for the appropriate leadership of NSA/CSS military components and Ft. Meade;
5. (U) Serve as the Agency's POC for external public health authorities and maintain appropriate coordination of NSA/CSS epidemic and/or pandemic-related activities with local, state, and federal public health officials;

6. (U) Establish precautions, restrictions, and/or travel limitations, if necessary; and
7. (U) Serve as a point of contact for local hospitals.

E. (U) Program and Resource Management [] shall:

(U) Coordinate budget requirements for additional supplies and personnel required to mitigate the health effects of a public health emergency.

F. (U) Occupational Health Services (Medical Center, []) shall:

1. (U) Ensure that the OHES staff receives ongoing medical education on signs, symptoms, infection control, and treatment of communicable diseases;
2. (U) Educate the workforce on specific communicable diseases and the steps that should be taken by affiliates and contractors to mitigate the risks of acquiring a communicable disease;
3. (U) Maintain an up-to-date matrix of countries designated as high risk and their attendant travel restrictions on the Agency intranet (NSANet) in the form of a Communicable Disease Travel Advisory Matrix and inform the Counterintelligence Awareness and Operational Security Staff [] when a Health Alert/Travel Advisory is issued;
4. (U) In coordination with Corporate Communications, gather and maintain updated information related to the local outbreak, epidemic, or pandemic from CDC, WHO, and/or internal Subject Matter Experts (SMEs). The PHEO then vets the information prior to dissemination to the workforce in a number of formats to ensure the widest possible availability;
5. (U) Collaborate with [] to ensure contractors are notified of Agency decisions related to facility closures;
6. (U) Ensure appropriate hand washing and disinfectant products are selected, as authorized;

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7. (U) Arrange for availability of medical/non-medical supplies and special screening facilities (including trailers if necessary); assign providers, nurses, and medical technicians, as needed, for the medical screening areas;
8. (~~U//FOUO~~) Provide post-travel screening for affiliates performing mission-essential TDY; advise them of appropriate preventive measures; and maintain post-trip monitoring to identify/track illness trends;
9. (~~U//FOUO~~) Maintain information (as practicable) on affiliates and contractors who have contracted a communicable disease; and
10. (U) Arrange for the purchase, storage, and distribution of vaccine, medications, and any additional epidemic/pandemic related supplies for the specific outbreak.

G. (U) Psychology and Life Services [] shall:

(U) Assign psychologists or social workers, if needed, to address stress and other concerns related to epidemic/pandemic issues via telephone consultations, e-mail, and video teleconferencing, including programs to psychologically prepare the Agency's population prior to a pandemic health crisis and respond to the aftermath by providing survivor assistance programs.

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H. (U) Environmental, Safety, and Health Solutions Division [] shall:

1. (U) Evaluate cleaning and hand-washing products for their clinical efficacy against infectious organisms;
2. (U) Ensure that food services personnel implement changes required in operations or inspection due to the epidemic/pandemic; and
3. (U) Enforce all safety and fire regulations related to the installation and use of screening areas and/or a specially designated screening facility.

I. (U) Associate Directorate for Security and Counterintelligence (ADS&CI) shall:

1. (U) Provide personnel, as necessary, for traffic control around screening areas and to ensure that screening/entry and work areas remain safe and secure;
2. (U) Assist OHES in establishing/monitoring temporary isolation and/or quarantine within NSA/CSS facilities, as necessary; and
3. (U) Maintain communications with field security officers throughout the Extended Enterprise.

J. (U) Logistics Installations and Facilities Services shall:

1. (U) Implement appropriate alterations of the workplace environment that could reduce the risk to affiliates or contractor during a public health emergency;
2. (U) Ensure enhanced cleaning of workspaces and bathrooms during a public health emergency;
3. (U) Install special screening facilities and/or screening trailers, if necessary;
4. (U) Provide utilities and housekeeping services to temporary screening facilities if they become necessary; and
5. (U) Maintain and deploy hand sanitizer products, as required.

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K. (U) Enterprise Mission Assurance shall:

1. (U/~~FOUO~~) Facilitate pre-event COOP planning to mitigate the effects of disease-related events impairing conduct of NSA/CSS missions (Annex P to NSA/CSS COOP plans); and
2. (U) Directly support command, control, and execution of mission recovery in the event of a manmade or natural biological local, regional, national or global disaster or pandemic.

L. (U) Contracting Office ☐ shall:

1. (U) In coordination with the Office of General Counsel (OGC), develop or modify a clause regarding communicable diseases for inclusion in solicitations and contracts when work will be performed at any NSA/CSS facility; and

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2. (U) In coordination with Industrial and Acquisition Security, ☐ notify contractors via the Acquisition Resource Center (ARC) or via other methods, as appropriate, in the event of an epidemic or pandemic.

M. (U) Directorate of Resources Management ☐ shall:

(U) Prepare reports with timecard and workforce data along with comparison data from the same time period in the previous year for NSA/CSS management and appropriate government authorities, as directed.

N. (U) Extended Enterprise Leaders (EELs) of each Extended Enterprise Site shall:

1. (U) Prepare a communicable disease plan for the site consistent with this policy;
2. (U) During a declared public health emergency, in consultation with the OHESS PHEO and in cooperation with public health officials, exercise emergency health powers as necessary to prevent the spread of communicable diseases (Reference 1). This may include restriction of movement (within, into or out of NSA/CSS facilities), quarantine, and/or isolation to prevent the spread of disease;
3. (U) Contact local medical support for the site and establish appropriate screening and quarantine procedures based on this policy, in cooperation with local health authorities; and
4. (U) Notify NSOC and the Chief, OHESS when operations are impaired and/or affiliates or contractors are released because of a public health emergency.

O. (U) Supervisors shall:

1. (U) Identify staffing needs, skill sets, MEFs, and ETs;
2. (U) Survey workspaces to consider how the area might be adapted to mitigate the risk of contracting a communicable disease;
3. (U) Identify unclassified work assignments that could be done via telework during a public health emergency and prepare appropriate agreements with affiliates in advance, if possible, to document telework requirements (Reference 8) and conditions;
4. (U) Prepare for contingencies, develop continuity plans, implement cross-training strategies, and develop Standard Operating Procedures for work centers, to include step-by-step instructions that could be used by temporary or detailed affiliates;
5. (U) Monitor the apparent health of their workforce and of contractor personnel reporting to NSA facilities during a public health emergency;
6. (U) Contact the Medical Center and COR, if appropriate, if an affiliate or contractor reports to work with possible symptoms of a communicable disease;
7. (U) Advise affiliates or contractor to postpone both non-essential mission travel and UFT to a Health Alert/Travel Advisory area;
8. (U) Develop an emergency process for notification of absences and availability for work; ensure all affiliates are aware of the numbers to call;
9. (U) Follow specific guidance provided during a public health emergency for reporting affiliates or contractors who are ill to designated officials;
10. (U) Monitor status of all locator information (such as Searchlight, Connect, etc., as applicable) to ensure it is current, and remind affiliates to update the information as necessary;

11. (U) Complete the OHES form, a -Supervisor's Statement of Understanding if the civilian affiliate is going to a Health Alert/Travel Advisory area, as required by OHES;
12. (U) Require an affiliate returning to work after a restriction period to provide return-to-work documentation from the Medical Center upon entering the workplace. [In the Extended Enterprise, if a medical provider is not available to do return-to-work screening, a designated individual who has been trained may perform the screening using an OHES checklist]; and
13. (U) Follow established procedures for locating employees who have not reported as expected during the first hour of the workday.

P. (U) Affiliates and Contractors shall:

1. (U) Monitor their health during a public health emergency and take steps to mitigate exposure to communicable disease;
2. (U) Follow guidance provided by the Agency regarding reporting to work;
3. (U) Remain in the local area and be available for work if not ill or exposed;
4. ~~(U//FOUO)~~ Follow their emergency call-in process if they are ill. Military members and contractors shall follow their respective protocols in reporting to their chain of command;
5. (U) Keep all locator information (such as Searchlight, Connect, contractor databases as applicable) current at all times and always provide contact information for their supervisor when traveling;
6. (U) Check the Communicable Disease Travel Advisory Matrix on NSANet prior to planning mission-related travel or unofficial travel and periodically thereafter until travel begins;
7. (U) Contact OHES if their travel will take them to or through a Health Alert/Travel Advisory area;

8. (U//~~FOUO~~) Complete the necessary health screenings, immunizations, and forms, including a -Traveler's Statement of Understanding if going to a Health Alert/Travel Advisory area (affiliates only);
9. (U) Protect their health while residing in or visiting an affected area by following recommended precautions; and
10. (U) Report to the Medical Center for a return-to-work screening (affiliates) after traveling to a Health Alert/Travel Advisory area, or to provide medical documentation indicating that a contractor is cleared to return to work.

VI. (U) References

1. (U) Department of Defense Directive (DODD) 6200.3 -Emergency Health Powers on Military Installations. dated 12 May 2003.
2. (U) Executive Order 13295, -Relating to Certain Influenza Viruses and Quarantinable Communicable diseases. as amended on 1 April 2005.
3. (U) Department of Defense Instruction (DoDI) 5200.8, -Security of DoD Installations and Resources. dated 10 December 2005.
4. (U) Executive Order 12333, -United States Intelligence Activities.
5. (U) Maryland Procurement Office Acquisition Supplements, Subchapter H, Section 352, Paragraph 352.211-9002 NOTICE: GOVERNMENT CLOSURES, dated DEC 1997.
6. (U) Policy Manual 4-14, Chapter 2, -Sick Leave. dated 6 October 2006.
7. (U) Personnel Management Manual, Chapter 366, -Personal Conduct.
8. (U) NSA/CSS Policy Manual 4-15B, Chapter 1, -Unclassified Telework Program. dated 19 May 2008.
9. (U) 5 CFR, Section 550.409, -Evacuation Payments During a Pandemic Health Crisis.

VII. (U) Definitions

1. (U) **Affiliate** – For the purposes of this policy, an affiliate is a civilian employee, a military member, an internee/detailee from another Agency, or a foreign partner carrying out an NSA/CSS mission function. This term does not include contractors.
2. (U) **Broad-based Health Screenings** – Non-invasive health screening of many people or groups of people without regard to their individual health status, which may lead to targeted individual screening. Examples could include short health questionnaires required of all personnel for entry into a building or thermal imaging of people flowing through an area.
3. (U) **Communicable Disease** – An infectious disease that is easily spread from person to person by contact with the infectious agent that causes the disease. The causative agent may be present in droplets of liquid created by coughing or sneezing. The droplets may contaminate food or water or they may dry on inanimate objects in the environment, where the causative agent may remain infectious for some period of time.
4. (U) **Designated Individual/Health Care Provider** – A person designated by OHESS (or the EEL in the Extended Enterprise) to do return-to-work screening depending on the resources available at the site. Ideally, the designated individual would be a senior health care provider (e.g., nurse, doctor, nurse practitioner, physician assistant, etc.) In the Extended Enterprise or in cases of extremely short staffing, it could be a non-medical person who is trained for the duty.
5. (U) **Epidemic** – An epidemic is an outbreak of a serious communicable disease in numbers clearly exceeding normal that occurs in a community, region, or country.
6. (U) **Evacuation Payment** – Payments made to employees who are ordered to evacuate from their regular worksites and directed to perform work at home (or an alternative location mutually agreeable to the agency and the employee) during a pandemic health crisis to promote the –social distancing of employees and protect employees from being exposed to a communicable disease.

7. (U) **Extended Enterprise Leaders** – Senior NSA/CSS Representatives and the military commanders/civilian chiefs of NSA/CSS Extended Enterprise sites.
8. (U) **Hand Hygiene** – A broad concept that includes the why, when, and how of washing hands. More information is available on the OHES [Infection Prevention web page](#).
9. (U) **Health Alert** – A CDC warning to travelers to consider alternate plans, if possible, due to an outbreak of communicable disease. Alerts are issued when low to moderate levels of disease transmission have been reported and may be a risk to travelers.
10. (U) **Health Care Provider** – A health care provider may include, but is not limited to, the following:
 - a. (U) A licensed civilian or military Doctor of Medicine or Doctor of Osteopathy;
 - b. (U) A nurse practitioner or physicians assistant certified by an appropriate national organization and licensed by a state;
 - c. (U) Designated staff under the direct supervision of a licensed physician who may, in an epidemic/pandemic, issue –statements of illness requiring quarantine or –statements of recovery sufficient for return to duty;
 - d. (U) In the Extended Enterprise, the EEL may identify other personnel with medical training to perform screening (e.g., a medical corpsman or emergency medical technician).
11. (U) **Individual Evaluations** – Individual testing of specific health parameters like blood pressure, temperature, respiration, or pulse. These individual tests are often done in conjunction with broad-based health screenings to follow-up on less specific indicators of potential illness.
12. (U) **Isolate/Isolation** – Separation and restricted movement of ill persons with a communicable disease while the disease is in a communicable stage in order to prevent or limit the spread of infection. This may occur in a hospital setting or at home and is

primarily at the individual level, although it may also be applied to populations. It is a fundamental principle of communicable disease control and is commonly used in public health practice.

13. (U) **NSAW** – NSA/CSS Headquarters - Washington (NSAW): NSA/CSS personnel and facilities at the Ft. Meade complex; the Finksburg and Kent Island facilities and all leased facilities in the Baltimore/Washington metropolitan area.
14. (U) **Pandemic** – An outbreak of a serious communicable disease in numbers clearly in excess of normal that occurs worldwide.
15. (U) **Prophylactic Medications** – Drugs, vaccines, etc. given to a person before they exhibit symptoms of a disease to prevent or lessen the effects of the disease.
16. (U) **Public Health Emergency** – An occurrence or imminent threat of an illness or health condition, caused by epidemic or pandemic disease, biological warfare or terrorism, or a highly infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or severe disabilities, and is designated a public health emergency by local, state and/or federal public health officials or the CDC or WHO.
17. (U) **Public Health Emergency Officer (PHEO)** – A senior military or civilian leader with experience and training in functions essential to effective public health emergency management.
18. (U) **Quarantine** – Separation, compulsory detention, or other restriction of movement of well persons or groups of people presumed to have been exposed to a communicable disease for the purpose of preventing or limiting the spread of disease while the disease is in a communicable stage, or is in a pre-communicable stage if the disease would be likely to cause a public health emergency if transmitted to other individuals. Quarantines may be self-initiated or mandated by public health officials. People may be restricted to their homes or moved to a special quarantine facility. Travel in or out of quarantined areas may be prohibited to further limit the spread of disease.
19. (U) **Return-to-Work Screening** – For the purposes of this policy, return-to-work screening is health screening of personnel to determine

fitness for duty following an absence because of illness, isolation, or quarantine. Screening may include, but is not limited to, interviews, monitoring vital signs, physical examinations and/or review of documentation.

20. (U) **Safe Haven** – An area designated by the Agency to afford protection to the individual during a public health emergency; may be the individual's residence or some other mutually agreed upon alternative location. Reference 9 permits an agency to order its employees to evacuate from their worksites and perform work at home during a pandemic health crisis.
21. (U) **Social Distancing** – By avoiding close social contact or implementing -social distancing and maintaining a minimum of an arm's length of distance between individuals, the spread of a communicable disease may be prevented or slowed. Handshakes and other forms of close personal contact may be discouraged as well because hand-to-hand contact is an efficient transmitter of microbes. Other social distancing techniques may include avoiding social contacts in groups, crowds or assemblies of people. During a pandemic, schools could be closed, public gatherings cancelled and public transportation halted.
22. (U) **Travel Advisory** – A CDC recommendation to avoid travel due to moderate to high levels of disease transmission. Travel is discouraged because of the elevated level of risk to the traveler. This is a higher level of restriction than a Health Alert.
23. (U) **Work Restriction** – For the purposes of this document, work restriction is a period of time an affiliate must stay out of the workplace following exposure to a communicable disease to ensure that they have not contracted the disease. The restriction period will depend on the causative organism, the incubation period of that organism, and/or the recommendations of health officials and may include a safety margin. (For example, the 2003 SARS restriction period was 10 days.)

PANDEMIC PLANNING



GET INFORMED BE PREPARED

Continuity Throughout

Approved for Release by NSA on 07-22-2019, FOIA Case # 75341

PANDEMIC PLANNING

GUIDANCE BY PREPARED



1. Protect Employees
2. Maintain Essential Functions and Services
3. Support the Federal Response
4. Communicate with Stakeholders about Pandemic Planning and Response

Continuity Throughout

PANDEMIC PLANNING

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What is a Pandemic?



- An influenza pandemic occurs when a new influenza virus...
 - Causes illness in people
 - Easily spreads from person-to-person
- We don't know when the next pandemic will occur, which influenza virus will cause it, or how severe it will be

**Currently there is no human pandemic
influenza in the world**

PANDEMIC PLANNING

AN INTERDISCIPLINARY APPROACH



Pandemics Do Happen



PANDEMIC PLANNING

AN EXERCISE REPORT CARD



Pandemics in the 20th Century

- 1918
 - Killed over 500,000 Americans (more than in any war that we have fought)
 - Young healthy persons at high risk of death
- 1957
 - Killed 70,000 Americans
- 1968
 - Killed 35,000 Americans



PANDEMIC PLANNING

— JOURNAL OF THE PROFESSION

A Severe Pandemic Today Could Exact a Horrible Toll



Assuming a 1918-like pandemic
and no effective response

	USA	State of MO	Kansas City
Illness	90 million	1,700,000	540,000
Outpatient Medical care	45 million	850,000	270,000
Hospitalization	9,900,000	166,000	60,000
Deaths	1,903,000	37,000	11,000

PLANNING

Preparing Our Nation

GET INFORMED BE PREPARED

Federal Agencies

States

Local Jurisdictions

Individuals

NATIONAL INFLUENZA SURVEILLANCE
L'ANDEMICA
INFLUENZA

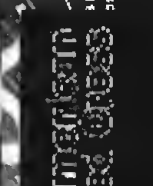
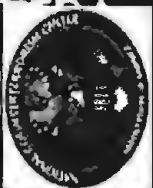
APPENDIX 1



● 1997年10月1日現在の人口は、約1億2,000万人



HOUGHTON SECURITY CORP.



Virus-centric WHO Phases		Federal Government Response Stages	
INTER-PANDEMIC PERIOD 1968 to			
1	No new Influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in at-risk country
2	No new Influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
PANDEMIC ALERT PERIOD 1997 to Present			
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	0	New domestic animal outbreak in at-risk country
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	1	Suspected human outbreak overseas
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	2	Confirmed human outbreak overseas
PANDEMIC PERIOD			
6	Pandemic phase: Increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas
		4	First human case in North America
		5	Spread throughout United States
		6	Recovery and preparation for subsequent waves

Pandemic Phases and Stages

PANDEMIC PLANNING

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WHO Periods &
Phases
(Virus Focus)

Federal Government
Response Stages
(Geographical Focus)



DEPARTMENT OF HEALTH & HUMAN SERVICES USA **You are here**



Animal
overseas

Human
overseas

Human North
America

CDC

CENTERS FOR DISEASE
CONTROL AND PREVENTION

PANDEMIC PLANNING

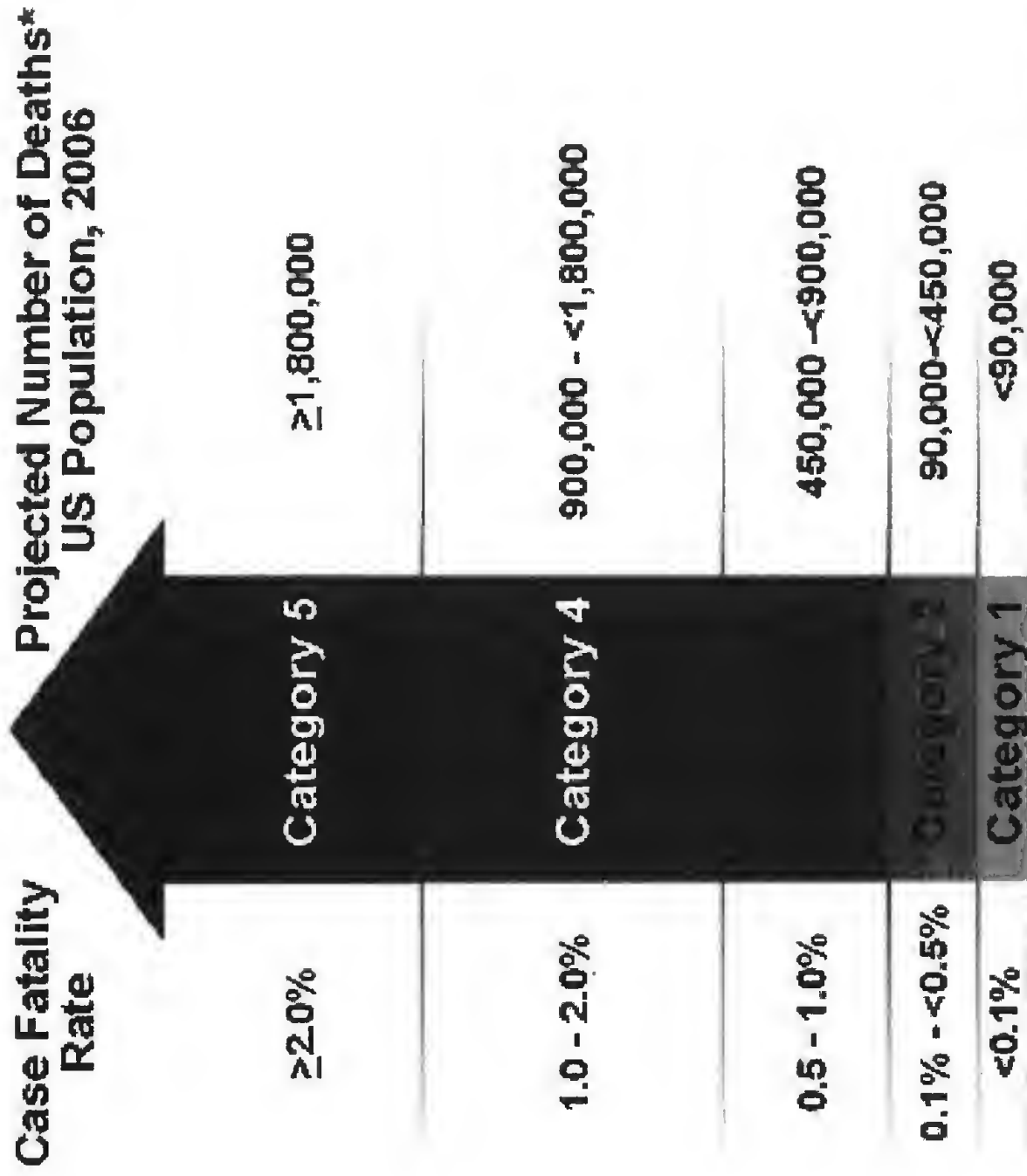
© 1999-2000 by the Partnership



Situation Report: Avian Influenza

- ☐ Widespread and spreading prevalence in migratory birds; broad host range
- ☐ Continued outbreaks among domestic poultry
- ☐ Mammalian infection (cats, pigs, etc.) lethal
- ☐ Virus is evolving
- ☐ Sporadic human cases (>300 reports to date)
 - Most in young and healthy
 - Case-fatality >50% (103 deaths)
 - Rare person-to-person transmission
- ☐ Sustained and rapid person-to-person transmission

Pandemic Severity Index



* Based on 30% Illness Rate

PANDEMIC PLANNING

GETTING READY



People, Not Buildings

- Spread is person - to-person
- Mostly spread by coughing and sneezing
- Less often spread by touching contaminated surfaces or hands



Source; "infectious disease." Online Photograph. Encyclopædia Britannica Online.
21 Oct. 2007 <
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PANDEMIC PLANNING

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Community Goals

1. Delay disease transmission and outbreak peak
2. Decompress peak burden on healthcare infrastructure
3. Diminish overall cases and health impacts

#1

Pandemic outbreak:
No intervention

#2

Pandemic outbreak:
With intervention

#3

Daily
Cases

Days since First Case



PANDEMIC PLANNING

COLLEGE OF HEALTH & HUMAN SERVICES



Potential Tools in Our Pandemic Response Toolbox

- Community control measures
 - Social Distancing
- Infection control (hygiene)
 - Masks
- Pandemic Vaccine
 - IC prioritization
- Antiviral drugs
 - Stockpiling, distributing



PANDEMIC PLANNING

COMMUNITY PREPAREDNESS



Community Control Measures for a Severe Pandemic

- Sick people stay home
- Household members of an ill person also stay home
- Schools dismiss students and child care programs close
- Public gatherings are cancelled
- “Social distancing” at work and in the community (reduce close contacts – within 6 feet – with others)

Pandemic Severity Index			
Interventions* by Setting	1	2 and 3	4 and 5
Home			
Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend †§	Recommend †§	Recommend †§
Voluntary quarantine of household members in homes with ill persons† (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider †	Recommend ***
School			
Child social distancing			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider † ≤4 weeks	Recommend: ≤12 weeks§§
-reduce out-of school social contacts and community mixing	Generally not recommended	Consider † ≤4 weeks	Recommend: ≤12 weeks§§
Workplace / Community			
Adult social distancing			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider †	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider †	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider †	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider †	Recommend

PANDEMIC PLANNING

GET INFORMED. BE PREPARED.

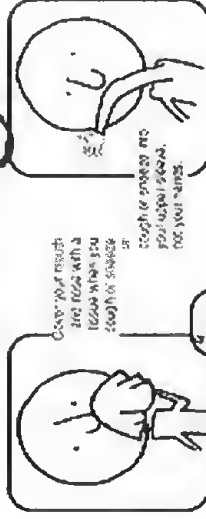
Infection Control Measures



- Wash hands
- Cover coughs and sneezes
- Use a facemask when crowds cannot be avoided

Stop the spread of germs that make you and others sick!

Cover your Cough



Put your used tissue in the waste basket.

Clean your Hands

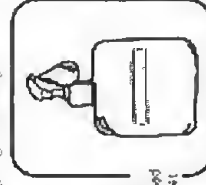
after you cough or sneeze.



Wash hands with soap and warm water.

or

Clean with alcohol-based hand sanitizer.



CDC

MDH

DEPARTMENT OF HEALTH & HUMAN SERVICES



APKC

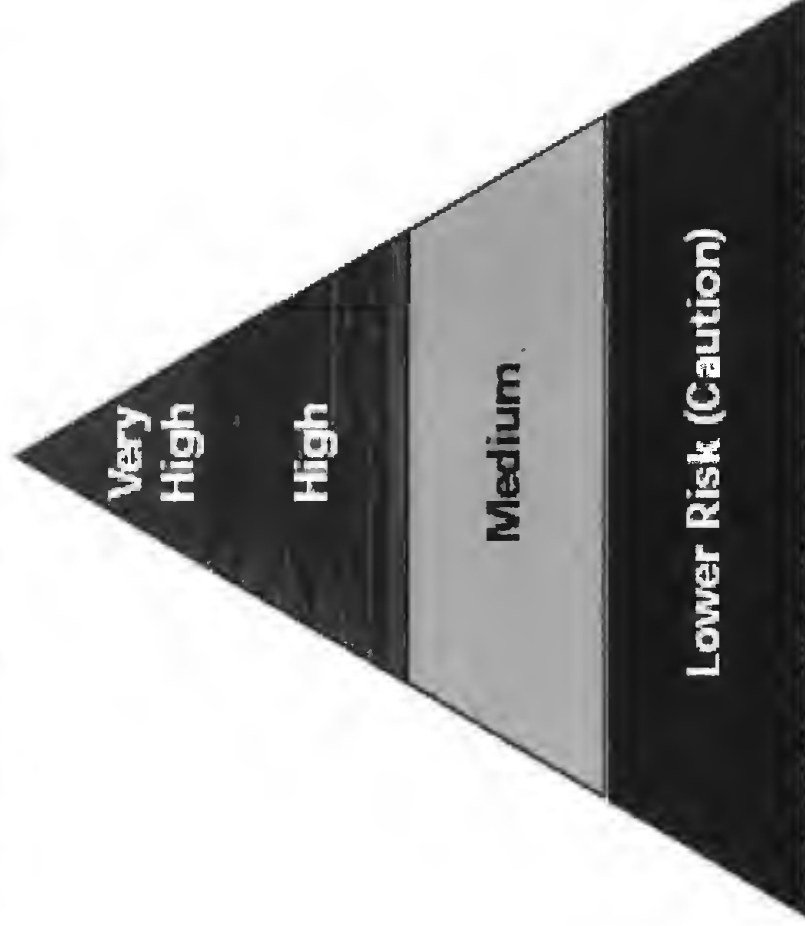
PANDEMIC PLANNING

GET INFORMED. BE PREPARED.

Protecting Those at Most Risk



Occupational Risk Pyramid for Pandemic Influenza



PANDEMIC PLANNING

6/11/2020 10:00 AM



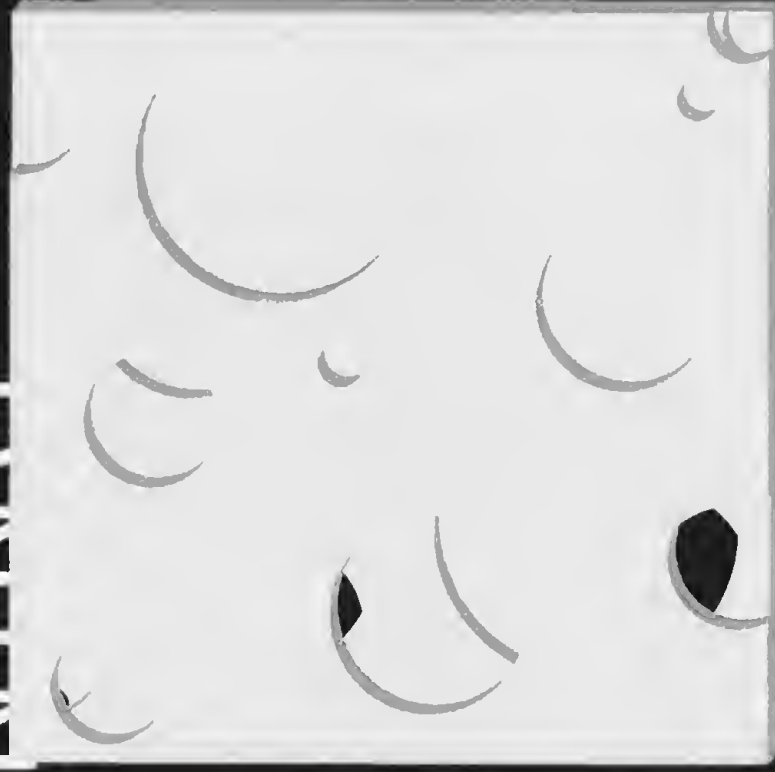
How Are We Getting Prepared?

- Our government, communities, and businesses are making plans
- Hospitals are increasing their ability to handle a large number of sick people
- Antiviral drugs are being bought and stockpiled
- Vaccine production is being improved
- Planning is ongoing to use community control measures

Layering many countermeasures

PANDEMIC PLANNING

GET INFORMED



PANDEMIC PLANNING

GET INFORMED - BE PREPARED

Pandemic Policy to Maintain the IC Mission Objectives



- Remain in Country
 - Enough food for 12 weeks
 - Leave early, while able
- Workplace preparations
 - Stockpiling masks, medication
 - Developing communications for workforce
 - HR issues
- Flight Funneling/Quarantine
- Medical Countermeasures
 - Antiviral medication
 - Pandemic Vaccine
 - Pre-pandemic Vaccine



PANDEMIC PLANNING

COMPLETED BY PREPARED



Thank you